

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/51,31

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		8		1		
4				1		
5						
6				1		
7					1	
8					1	
9					1	
10		1			1	
11					1	
12	1		1			
13		1		1		
14		1		1		
15		1		1		
16		1		1		
17		2		1		
18		1		1		
19				1		
20		1			1	
21						
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46						
47						
48						
49						
50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	20	←	18	←		←
TOTAL CLAIMS	22	[REDACTED]	20	[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.					↓	
TOTAL DEP.					←	←
TOTAL CLAIMS					[REDACTED]	[REDACTED]